



CERTIFICATE OF LIABILITY INSURANCE

COPY
DATE MM/DD/YYYY
5/19/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: Erika Hill
Patriot Insurance Agency, Inc. PO Box 1298		PHONE (A/C. No. Ext): (520) 455-9252 FAX (A/C. No.): (520) 455-9358
Sonoita AZ 85637-1298		E-MAIL ADDRESS: ehill@patriot-insurance.com
		INSURER(S) AFFORDING COVERAGE
		INSURER A: Spirit Mountain Ins Co RRG Inc
		NAIC # 10754
INSURED		INSURER B:
Caring to Love Ministries 3813 N Flannery Road		INSURER C:
Baton Rouge LA 70814		INSURER D:
		INSURER E:
		INSURER F:

COVERAGEs

CERTIFICATE NUMBER: PKG 15/16

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY		SMIC-LPP2015-NOC005	7/1/2015	7/1/2016	EACH OCCURRENCE \$ 1,000,000	
	X CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	X PROF. LIAB. INCLUDED					MED EXP (Any one person) \$ 0	
	X DED: \$2500					PERSONAL & ADV INJURY \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					GENERAL AGGREGATE \$ 3,000,000	
RETRODATE: 9/3/2004						PRODUCTS - COMP/OP AGG \$ 1,000,000	
						Professional Liability \$ 1,000,000	
						COMBINED SINGLE LIMIT (Ea accident) \$	
						BODILY INJURY (Per person) \$	
						BODILY INJURY (Per accident) \$	
						PROPERTY DAMAGE (Per accident) \$	
						\$	
						EACH OCCURRENCE \$	
						AGGREGATE \$	
						\$	
						PER STATUTE \$	OTH-ER \$
						E.L. EACH ACCIDENT \$	
						E.L. DISEASE - EA EMPLOYEE \$	
						E.L. DISEASE - POLICY LIMIT \$	
A	PHYSICAL AND SEXUAL ABUSE		SMIC-LPP2015-NOC005	7/1/2015	7/1/2016	PER OCCUR: \$100,000	
			DED: \$2500			GEN AGGR: \$300,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

24th Annual Golf Tournament held on 5/23/2016

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Erika Hill/JDS

COMMENTS/REMARKS

This Certificate of Insurance is based on policy coverage issued by SpiritMountain Insurance Company Risk Retention Group, Inc., to all members of the International Association of Community Services Organizations. Spirit MountainInsurance Company Risk Retention Group may not be subject to all the insurance laws andregulations of your state. State insurance insolvency guaranty funds are not availablefor Spirit Mountain Insurance Company Risk Retention Group



CERTIFICATE OF LIABILITY INSURANCE

COPY
DATE (MM/DD/YYYY)
2/25/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Patriot Insurance Agency, Inc. PO Box 1298		CONTACT Erika Hill NAME: PHONE (A/C No. Ext): (520) 455-9252 E-MAIL ADDRESS: ehill@patriot-insurance.com FAX (A/C No): (520) 455-9358
Sonoita AZ 85637-1298		INSURER(S) AFFORDING COVERAGE INSURER A: Spirit Mountain Ins Co RRG Inc 10754
INSURED Caring to Love Ministries 3813 N Flannery Road		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
Baton Rouge LA 70814		

COVERAGEs **CERTIFICATE NUMBER:** CLINIC 16/17 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: <input type="checkbox"/>					COMBINED SINGLE LIMIT (ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/>	SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/>	OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				
A	PROFESSIONAL MEDICAL MALPRACTICE		CPL2016-NOC005 RETRODATE: 01/01/2002	1/1/2016	1/1/2017	LIMIT: \$1,000,000 DED: \$2500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Dr. Thomas Wayne Sparks is included.

CERTIFICATE HOLDER

CANCELLATION

INSURED'S COPY	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Erika Hill/JDS

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COMMENTS/REMARKS**COPY****NOTICE:**

THIS CERTIFICATE OF INSURANCE IS BASED ON POLICY COVERAGE ISSUED BY SPIRIT MOUNTAIN INSURANCE COMPANY RISK RETENTION GROUP, INC., TO ALL MEMBERS OF THE INTERNATIONAL ASSOCIATION OF THE COMMUNITY SERVICES ORGANIZATIONS. SPIRIT MOUNTAIN INSURANCE COMPANY RISK RETENTION GROUP MAY NOT BE SUBJECT TO ALL OF THE INSURANCE LAWS AND REGULATIONS OF YOUR STATE. STATE INSURANCE INSOLVENCY GUARANTY FUNDS ARE NOT AVAILABLE FOR SPIRIT MOUNTAIN INSURANCE COMPANY RISK RETENTION GROUP

NON-PROFIT SERVICE ORGANIZATION



CERTIFICATE OF INSURANCE



COVERAGE DECLARATIONS FOR NONPROFIT DIRECTORS' AND OFFICERS' LIABILITY

NonProfit Directors' and Officers'
Liability InsurancePolicy Number: NOA1308312Annual Premium: 1,527.00 1st POLICY YEAR.00

2nd POLICY YEAR

.00

3rd POLICY YEAR

Item A. Name of insured ENTITY:

C/O

Street Address

City, State, Zip Code:

Caring to Love Ministries3813 N. Flannery RoadBaton Rouge LA 70814

Item B. POLICY PERIOD:

(12:01 a.m. local time at the ENTITY's principal address)

From 4/20/2016 To 4/20/2017

(month, day, year) (month day, year)

Item C. Limits of Liability:

(i) Aggregate each POLICY YEAR: \$2,000,000

Item D. Deductible (also known as retention):

(i) EMPLOYMENT PRACTICES CLAIM:	<u>\$5,000</u>	Each and every CLAIM
(ii) Other than EMPLOYMENT PRACTICES CLAIM:	<u>\$5,000</u>	Each and every CLAIM

Item E. Prior or Pending Litigation Date: 4/20/2004

(The Prior or Pending Litigation Date excludes coverage for all past and present litigation or known potential claims)

Item F. Retroactive Date: None
(If retroactive date is none full prior acts coverage will be provided subject to the Prior or Pending Litigation Date and the Terms and Conditions of the policy)Form Numbers of Coverage Parts, Forms and Endorsements that are a part of this policy and that are not listed in the Coverage Parts:
NP00H001000803 NP00H022010306 NP00H028010306 NP00H03300 NP00H033000803 NP00H043001203
NP00H072000204 NP00H083000504 NP00H087000504 NP00H088000504 NP00H090000306 NP00H091000306 NP00H09500

Program Administrator:	Aon Association Services a Division of Affinity Insurance Services, Inc. 159 East County Line Rd Hatboro, PA 19040 1-800-432-7465	Mailing Address:	Aon Association Services a Division of Affinity Insurance Services, Inc. 1120 20th Street, N.W. Washington, D.C. 20036
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Special Program:

The United Way of America Endorsed D&O Program

Insurance Provided by:
 Twin City Fire Insurance Co
 Hartford Plaza
 Hartford, Connecticut 06115

A Member of THE HARTFORD

OZARK SOUTH CENTRAL
PO BOX 420
BAKER, LA 70704



Named insured

CARING TO LOVE MINISTRIES
CARE PREGNANCY CENTER
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Commercial Auto Insurance Coverage Summary

This is your Declarations Page Your coverage has changed

Your coverage began on February 24, 2016 at 12:01 a.m. This policy expires on August 24, 2016 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852LA (06/11), 4757LA (01/05), 1198 (01/04), 4852LA (05/08), 4881LA (06/11) and 2228 (01/11).

The named insured organization type is a corporation.

Progressive Paloverde Insurance Co is a stock company (NYSE:PGR).

Policy changes effective July 25, 2016

Premium change:	\$0.00
Changes:	The driver information has changed.

The changes shown above will not be effective prior to the time the changes were requested.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$367
Bodily Injury and Property Damage Liability	\$300,000 combined single limit		
Uninsured/Underinsured Motorist	\$300,000 combined single limit		182
Uninsured Motorist Property Damage	Rejected		
Medical Payments	\$5,000 each person		20
Comprehensive	Limit of liability less deductible		44
See Auto Coverage Schedule			
Collision	Limit of liability less deductible		52
See Auto Coverage Schedule			
Subtotal policy premium			\$665
Fees			15
Total 6 month policy premium and fees			\$680

Rated drivers

1. DOROTHY WALLIS
2. DONALD WALLIS
3. VERA CROWDER
4. CYNTHIA LOWMAN
5. MARCIA OLIVER

Auto coverage schedule

1. **2005 Toyota Sienna** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
 VIN: 5TDZA23C35S349339 Garaging Zip Code: 70814 Radius: 50

Liability Premium	Liability.....	UM/UIM Bl.....	Med Pay.....		
	\$367	\$182	\$20		
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$100	\$44	\$250	\$52	\$665

Premium discounts

Policy
 04316248-9 Business Experience, Paid In Full and Package

Additional Insured information

1. Additional Insured FLORIDA RV RENTALS
 5838 RICKER RD JACKSONVILLE, FL 32244

Company officers


Secretary

